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ABSTRACT

The increasing prevalence of eating disorders, especially in women, has motivated feminist theorists to evaluate the social, cultural, and historical roots of these illnesses. This paper argues that traditional models of psychology are embedded in a patriarchal, individualistic society where the impact of culture on eating disorders is largely ignored. Counter to traditional psychology, feminist psychology views eating disorders as a reaction to the oppression of women in western culture. This point of view suggests that eating disorders are one way women protest against the objectification of women and the expectation that they embrace patriarchal values while rejecting their own femaleness. The influence of individualism and body-mind dualism on traditional models of psychology and eating disorders are also reviewed. It is suggested that family therapy has broken ground and created an effective contextual framework for treating eating disorders, but it is imperative that a model of psychology includes not just the familial context but also the larger cultural context. Indeed, feminist psychology suggests that eating disorders are a cultural disease. Contains 24 references. (Author/JBJ)

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Feminist Theories Revolutionize Our Understanding of Eating Disorders as a Cultural Disease

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Running Head: EATING DISORDERS AS A CULTURAL DISEASE

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Abstract

This paper argues that traditional models of psychology are embedded in a patriarchal, individualistic society where the impact of culture on eating disorders is largely ignored. Counter to traditional psychology is an astute and novel approach, feminist psychology, where eating disorders are viewed as a reaction to the oppression of women in our culture. This point of view suggests that eating disorders are one way that women protest against the objectification of women and the expectation that they embrace patriarchal values while rejecting their own femaleness. The influence of individualism and body-mind dualism on traditional models of psychology and eating disorders also are reviewed. It is suggested that family therapy has broken ground and created an effective contextual framework for treating eating disorders, but it is imperative that a model of psychology includes not just the familial context but also the larger cultural context . Indeed, feminist psychology suggests that eating disorders are a cultural disease.

Introduction

Eating disorders plague the lives of many women today. These frightening and consuming illnesses prevent women from experiencing normal, healthy development as well as a fulfilling and balanced lifestyle. Unfortunately, women who struggle with eating disorders are not given much hope about prognosis or recovery, and during therapy they often experience a continued misunderstanding of who they are as people. Recently, the refreshing and insightful vision of feminist theorists has rejuvenated the hope for these women who have felt misunderstood, isolated, and disconnected from their bodies and respective social arenas.

The increasing prevalence of eating disorders, especially in women, has motivated feminist theorists to evaluate the social, cultural, and historical rootedness of these illnesses (Thompson, 1994). Eating disorders, although prevalent in the 1920's, have increased to epidemic proportions since the ending of World War II (Perlick & Silverstein, 1994; Bruch, 1985; Lewis & Blair, 1991). Brumberg (1989) projected that between 90 to 95 percent of anorexics are female. Lewis & Blair (1991) claim that currently, 1 in every 100 in the UK will experience anorexia nervosa at some time in her life, and that 5 or more females in every 100 will fulfill the diagnostic criteria for bulimia. Given the magnitude of the problem it is imperative that we begin to understand why this disease is afflicting women now, and begin to

understand how we can intervene more effectively (Perlick & Silverstein, 1994).

Investigations into these illnesses are not new. Cases of anorexia nervosa had been cited as early as 1689 by Dr. Richard Morton, describing what he called 'nervous consumption'. In the late 1800's a couple of cases of anorexia nervosa had been cited by E.C. Laseque and W. W. Gull, however anorexia nervosa did not come prominently to the public's attention until the 1960's and 1970's (Lewis & Blair, 1991). Anorexia nervosa is characterized by extreme weight loss, self-starvation, a dread of becoming fat, and very frequently a distortion of body size (Perlick & Silverstein, 1994; Lewis & Blair, 1991). The anorexic does not maintain normal body weight, often exercises excessively, and may invoke rituals around the consumption of food. Vomiting, laxatives, and diuretics may be used to facilitate weight loss (Perlick & Silverstein, 1994, p.90). Anorexia is understood as a hunger fast (Chernin, 1981) or a hunger strike where the individual uses one's body to conform to, as well as protest against, the demands of one's culture.

Bulimia is characterized by binge-eating and ending the binge by purging through vomiting, use of laxatives, diuretics, or exercise (Kinoy & Holman, 1992). Abdominal pain, sleep disturbance, and social interruption very often accompany this illness. A critical component of this disease is a feeling that eating is out of one's control,

accompanied by self-deprecating thoughts and depression (Lewis & Blair, 1991).

Bulimarexia, another form of eating disorders, is used to describe the overlap of bulimia and anorexia nervosa. An individual who binge eats, vomits, and engages in self-starvation with severe weight loss typifies bulimarexia (Waldinger, 1984). While bulimia nervosa and bulimarexia are significant, for the purposes of clarity anorexia nervosa will be the focus of this paper.

This paper will review how eating disorders, specifically anorexia nervosa, have been understood by predominant schools of psychology over the past century. Traditional models such as psychoanalytic, object relations, and self psychology reveal that Western culture has emphasized internal conflicts and deficits of individuals with eating disorders, while overlooking and de-emphasizing the importance of culture and society. In contrast, feminist theories begin to take into account the significant role that culture and society has had on the development and maintenance of eating disorders. Included in this discussion will be a review of how individualism has significantly influenced traditional models of psychology resulting in a less culturally-sensitive understanding of eating disorders. Furthermore, it will be argued that individualism set the stage for a more socioculturally-sensitive point of view through feminism. Feminist perspectives revealed how culture has had a tremendous impact on the etiology of eating disorders and ultimately

revolutionized our understanding of eating disorders as a cultural disease.

Traditional models of psychology overemphasize internal conflicts, the unconscious, sexual and aggressive drives, the fragmented self, and the empty self, while minimizing external forces that are working in people's everyday lives. These more traditional models of psychotherapy have been noted for understanding the psychological complexity of the "internal hydraulics" of an individual's functioning while minimizing events and stressors in one's life. Hilde Bruch (1985), a pioneer in the field of eating disorders, worked from a psychoanalytic perspective. Initially she focused on the "oral component; a form of conversion hysteria that symbolically expressed repudiation of sexuality, specifically of oral impregnation fantasies" (Bruch, 1985, p. 8). This understanding of anorexia nervosa views the core of the self as dangerous and destructive, one that needs to be controlled and socialized (Cushman, 1992). Culture plays a very insignificant role in the etiology, duration or treatment of the illness.

The psychoanalytic approach to eating disorders suggests that pathology occurs when internal drives, desires or wishes are insufficiently monitored and controlled. Society is only peripherally connected to one's psychological functioning. Psychoanalytic theory clearly evolved out of a culture that was embedded in stoic individualism. Even Freud articulated, in *Civilization and its Discontent* , civilization is only possible through the individual learning

to control and contain one's aggressive and egoistic self-satisfaction (Freud, 1930/1961).

Similarly, Object Relations theory and Self Psychology subscribed to this individualism where the role of culture in one's psychological well being was held at bay. Object Relations theorists expanded the psychological world of the individual to include a 'primary caregiver' as critical to the development of the persona (Eagle & Wolitzky, 1992). The work of therapy often "focuses on issues and goals of separation and individuation to the exclusion of connection and relationship" (Mirkin, 1990, p.101). On the contrary, Gilligan (1982), a feminist theorist, asserts that separation, individuation, and autonomy without connection to others is not central to female development.

Nevertheless, in Object Relations and Self Psychology, this is the focus. The etiology of eating disorders are understood as dependent needs stemming from incomplete 'self' development or interrupted separation-individuation (Steiger, Goldstein, Mongrain & Van der Feen, 1990; Chelton & Bonney, 1987). Furthermore, it is believed that "failures in parenting prevent the child from properly internalizing mental functions that are necessary for both a stable sense of 'self' and 'others' " (Steiger & Houle, 1991, p. 147). Theoretically, the individual compensates for these difficulties by gaining control over his or her body to acquire a sense of personal adequacy, and by using the powerful sensations of starving to regulate his or her affect (Steiger & Houle, 1991; Chelton & Bonney, 1987)).

The goal of treatment is to assist one in moving through separation-individuation and to promote a cohesive, autonomous sense of self (Chelton & Bonney, 1987). As a result, Object Relations and Self Psychology theorists almost solely focus on an individualistic male-oriented developmental model (Mirkin, 1990) of the self where the culture is still largely ignored.

Bruch (1985) described dissatisfaction with the traditional interpretive psychoanalysis in the treatment of anorexia nervosa. She changed her approach so that instead of searching for definite "underlying unconscious conflicts", the focus prompted a fact finding approach where she asked clients to reconstruct what really happened during the patient's early development. She suggests that this approach was accompanied by better treatment results because it created a greater reliance on the client's thinking which had been deficient in his or her early development. This development in Bruch's work is critical because even through this highly individualistic approach to psychotherapy she discovered that it was essential to take into account the patient's social and cultural circumstances to effectively treat eating disorders.

Indeed, Bruch (1985) believed that changing status and expectations of society played a role in the development of eating disorders. She described little girls who were socialized to become "clinging vine" wives suddenly expecting to prove themselves as women of achievement in adolescence and adulthood. She believes that

women "choose the fashionable dictum to be slim as a way of proving themselves as deserving respect" (Bruch, 1985, p.9). Bruch seemed to recognize and incorporate a more comprehensive way of looking at individual's with eating disorders which included a cultural understanding.

Equally important to understanding how feminist theories have revolutionized our understanding of eating disorders as a cultural disease, is to understand how individualism centralized and internalized our understanding of personhood (Sampson, 1985). Individualism upholds the ideal that character is designed to control and master internal states which results in an egocentric culture (Sampson, 1985). This ideal is contrasted with a feminist understanding that the self is organized in relation and connection to others (Sampson, 1985; Mirkin, 1990).

The self-contained individualism of Western culture promotes a psychology that understands the conception of the self as independent, unique, and with an internal locus of control (Ramachandran, 1994). Individualism locates the personality as something interior to persons and core characteristics as stable over time. Psychoanalytic theory, originated by Freud, clearly reflected the individualistic standards of his time. "Foucault argued that Freud's belief that society by nature had to control sexuality and aggression was a history-bound concept that held a great deal of utility for the modern state" (Cushman, 1992, p. 27). Foucault (as cited in Cushman, 1992) suggested that Freud's

theories were really no more than a social artifact, a clear interpretation of the culture of his time.

Individualism continued to dominate the social movement which was coupled with an ever-increasing emphasis on the self-contained individual, unencumbered by community ties, ideological allegiances, moral traditions and geographical boundaries (Cushman, 1992). Object Relation theorists and Self Psychology began to emphasize the critical nature of the parent-child relationship in the development of an autonomous and independent entity (Cushman, 1992). These theorists argue that with the opportunity for healthy and normal development a child eventually becomes autonomous, achievement oriented, competitive and self-motivated. Anorexia nervosa is viewed by these two schools as a way to remain dependent, as a way to remain childlike thus preventing healthy individuation and separation. This view is very different from the feminist perspective because it excludes the significance of this individual's need to remain in connection and relationship to others.

Another important philosophical influence to the belief that one needs to gain control of his or her body was Descartes' claim that "our minds are somehow essential to our identity and to our existence but our bodies are not" (Flanagan, 1991, p. 9). This body-mind dualism instilled the belief that our bodies were something that could be controlled by our minds. It contributed to the understanding that the self was observing itself and that the body was split off from the mind

(Cushman, 1992). This body-mind split created fertile ground for eating disorders by promoting control over one's body with one's mind. Moreover, it provided a new rationale for these disorders. Clearly, anorexia nervosa is the ultimate control one places over his or her body. Traditional models of psychology missed the cultural relevance of one using his or her body as a protest or as a political statement, and instead viewed this as a deficit within the self. Traditional psychology in it's purest form stripped one's context from the individual so as to gain a clearer picture of the problem.

As Bruch (1985) discovered these approaches were not only unsuccessful, they were reinforcing the damage that culture had already done. For example, anorexics may be protesting against the demands to become autonomous and live the isolated life that they dread, yet in traditional psychology, the goal of therapy is to help them become independent instead of helping them find ways in which they can connect and live in relation to others.

Individualism created the environment for feminism to evolve. The heavy emphasis on individualism as well as male dominance have created an atmosphere where feminists question the validity of science in understanding women's issues (Riger, 1992). Feminism "refers to a system of values that challenges male dominance and advocates social, political, and economic equity of women and men in society" (Riger, 1992, p. 731). Feminist theorists view the individual as integrally connected to his or her social context, the self as defined in relationship

to others (Gilligan, 1992; Mirkin, 1990). What has evolved out of the feminist perspective is a science that aims at understanding women (Riger, 1992).

The internal focus of eating disorders that resulted from this individualistic understanding of psychopathology is incomplete because it did not give enough credence or credit to more dominant and contributing factors in one's social context. The individualistic culture created an atmosphere that at best was non-conducive and, at worst, hostile to women. Feminist theorists would argue that eating disorders were a symptom and perhaps even a protest against this disconnected, achievement- oriented society. It is vital to understand that individualism created the exact atmosphere where feminist theories could flourish.

Feminist theorists began to argue that eating disorders were one way that women protested against the exclusion and rejection of what was normally feminine in science and culture. Feminist theories demonstrate how culture has contributed to, if not soley created, eating disorders through this rejection of what is feminine. It inevitably rejected what was feminine by the mere promotion of what was masculine as was illustrated in the assumption that normal and healthy development for women is through individuation and separation, rather than through connection and relation.

In addition to the rejection of what was feminine an important element of social control over women's appearance was in effect

(Rothblum, 1994). "Everything about our socialization as females in a patriarchal culture leads us to value ourselves in terms of our bodies - as objects of love, as child-bearers, as nurturers, and as ornaments for men" (Hutchinson, 1994, p. 153). Throughout history women have been expected to conform their bodies to the demands of culture. In China, for 1,000 years women have broken and deformed their feet to create a 3-inch "lotus hook" which is required for a woman to be marriageable. This 3-inch foot is considered the height of erotica for Chinese men. Additionally, in cultures across the world, women are expected to mutilate their genitals, to remove their clitoris leaving a hole only the size of a matchstick for urination and menstruation. Women in their natural form are not considered marriageable (Rothblum, 1994). "There is a long history of women being objectified and viewed, interpreted, and judged like works of art" (Berger as cited in Wooley, 1994, p. 40). Feminist theorists argue that eating disorders are one way that women have learned to cope with the objectification of women and the rejection of femininity. Some claim that anorexia is a hunger strike, a protest against the pressure to conform. Descartes body-mind dualism may have contributed to this illness by promoting control over one's body with one's mind. Anorexia nervosa serves as the ultimate protest against the social and cultural demands placed on the individual (Chernin, 1981).

Additionally, new messages have been given to women to not only be nurturing, maternal and beautiful, but also to achieve in

educational arenas and in the workplace. "Females today receive contradictory messages focused, on the [sic] one hand, on creating, raising and caring for a family and, on the other hand, developing and maintaining a career" (Lewis & Blair, 1991, p. 26). Eating disorders are viewed as a paradoxical solution for women. "Anorexia nervosa can be viewed as a reactive attempt by females to impose control over a crucial area of their lives, particularly when other aspects of their lives feel out of their control" (Lewis & Blair, 1991, p. 26).

The options for women are to conform to society and lead highly isolated and individualized lives or to rebel and embrace their own need for nurturance, relationships, and interconnectedness. Mirkin (1990) suggests that there is a solution in eating disorders to the contradictory expectations of women in our culture. Our culture does not value the relational, nurturing and interconnectedness of women and expects independent and isolated achievement instead (Steiner-Adair, 1994). There is a double standard for the white, Anglo-American woman where she is expected to climb the corporate ladder, but remain subordinate to men. If a woman hangs on to her need for connectedness and nurturance she will not function effectively in the competitive, capitalist world.

Additionally, there is an effort to keep women's physical appearance diminutive which is symbolic of the lack of power women experience (Mirkin, 1990). "In the face of this dilemma, many women have found a paradoxical solution in anorexia nervosa. By losing

weight in a way that so grotesquely changes their bodies, anorexic women are both conforming in the ultimate manner to the standard for a diminutive presence and rebelling in an ultimate manner: 'You want me to act like a man? Well, here's my no-longer-female body', 'You want me to be little and childlike at the same time? Well, I'll be so little and childlike it will be intolerable to you' " (Mirkin, 1990, pp. 103-104).

It is apparent that eating disorders are perceived by feminist theorists as a manifestation of the devaluation of the relational self (Mirkin, 1990). Mirkin (1990) points out that young women who are vulnerable to eating disorders are typically very loyal to their families and often view their mothers as isolated, unfulfilled and unhappy. It is difficult for a child to leave a depressed mother but especially when adulthood seems to be filled with rejection and unhappiness. "Why venture out of the nest when you feel your wings have already been clipped?"(Mirkin, 1990, p. 102). Anorexia nervosa metaphorically represents the loss of connection that will be experienced as a young woman moves into adulthood, it also represents the desire to stay a child and to remain connected and comfortable as she was in her childhood (Mirkin, 1990).

It should be noted that there are clear limitations of the feminist perspective. Just as the male-oriented scientific perspective ignored or neglected the female perspective, the feminist perspective is primarily a white, middle-upper class Protestant claim which does not include

African-American, Jewish, lesbian, single, divorced, widowed, or geriatric women to name a few (Thompson, 1994). Additionally, "ranking patriarchy, as a system of injustices, over other oppressions also limits the current feminist framework" (Thompson, 1994, p. 359). The future implications of this model are to expand the social context in which eating disorders arise so that an integrated analysis, "one that accounts for the intersecting influence of gender, race, sexuality, nationality and class" (Thompson, 1994, p. 360) are taken into account.

Conclusion

Feminist theorists have begun to weave together a web of cultural and social influences that have clearly contributed to women's development of eating disorders. Some suggest that eating disorders are a way that women handle the paradox of being female in a male-oriented culture. It may be a way to shed what is feminine so that one can encompass what is masculine. Anorexia is viewed by some as a political statement that asserts not only the rejection of what is feminine but also the acceptance of a diminutive presence. Others suggest that it is a hunger strike, or a protest against the demands that are expected of women. Feminist theorists point out that the devaluation of the relational self, the self that is nurturing, maternal and interconnected with others led women to these illnesses.

On the contrary, traditional models of psychology such as: psychoanalysis, object relations, and self psychology were embedded in the cultural influences of individualism. Individualism maximized the

importance of a self-contained, autonomous, capable, achievement oriented individual that did not fall to the whims of dependence, emotionality and bodily desires. As a result, feminine characteristics were devalued.

It is imperative to give credit where credit is due. Until now family therapy has not been discussed but it is critical to recognize the success that family therapy has had in bringing the familial context into the treatment of eating disorders (Mirkin, 1990). Despite the individualistic embeddedness of family therapy , it has been tremendously successful with the treatment of eating disorders. Indeed, feminist theorists agree with the work of family therapy , but advocate moving beyond the family system to a more comprehensive approach that involves the importance of society, cultural rules and cultural values.

The goal of this paper is not to further exacerbate the divide that is felt between genders, but to critically examine how this divide has contributed to the misunderstanding of women's issues, specifically as it relates to eating disorders. It may be that many people are attune to these issues by now, but the hope is that this point of view will help bring the context into understanding eating disorders. Furthermore, it is imperative that feminist theorists not maximize sexist oppression over racism, ageism, religion, ethnicity or sexual orientation. What feminism needs to do is go beyond sexism and factor in all different cultural and social contexts for different groups. It is critical that

feminist theorists not further alienate marginalized groups by only including the white Anglo-American woman into their research.

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